

ROSEMEAD HIGH SCHOOL

Program Change Request

Instructions: Student fills out the top portion of this form, obtains parent's signature and submits to counselor. Counselor either makes the change or responds to student and parent on the bottom portion of the form. Please be aware that this form constitutes a **request only**, which may be denied for any of the reasons listed below.

Name: _____ **Grade:** _____ Date: _____
 ID#: _____

Change from: _____ to: _____
 Change from: _____ to: _____

PRESENT PROGRAM

Period	Subject	Room	Teacher

Reasons: _____

Student's Signature: _____

Parent's Signature: _____

Counselor Response

After careful review, the request you have made for a program change **cannot** be made for one or more of the following reasons:

- _____ The deadline for adding/dropping classes has passed.
- _____ A prerequisite has not been met.
- _____ We are unable to change teachers within the same subject area.
- _____ Class requested is closed (all seats are full).
- _____ Class is only offered during a period which conflicts with rest of student's program.
- _____ Teacher's signature required/refused.
- _____ Parent signature required.
- _____ Request involves dropping a class required for graduation.
- _____ Counselor feels change is not in student's best interest, due to previous grades, review of student records, and/or teacher recommendation.
- _____ Other: _____

If you still have questions or concerns regarding your schedule, please make an appointment to see your counselor.

Counselor's Signature: _____